

The Citizen's Academy is a free service of the Columbus Police Department designed to educate citizens about public safety operations. Participants will meet each Thursday evening from 6:00 p.m. - 9:00 p.m. for 10 weeks, Aug. 11th - October 13th. Presentations will be provided by the Columbus Police Department, Bartholomew County Sheriff's Department, Columbus Fire Department, and Bartholomew County Emergency Operations Center on the following topics:

- 911 Response
- Use of Force
- Fire Response and Technical Rescue
- Patrol Tactics
- Criminal Investigations
- K-9
- Crime Scene Investigation
- Training

Participants will have the opportunity to "ridealong" with a police officer while on patrol. Additionally, tours of the Bartholomew County Jail, Emergency Operations Center, and Columbus Police Department will be conducted. You must be 18 years of age to participate and pass a criminal record check. The Citizen's Academy is free of charge.

BARTHOLOMEW COUNTY

EMERGENCY OPERATIONS CENTER

Columbus City Police Department

123 Washington Street
Columbus, IN 47201
For further information contact
Lt. Matt Harris – Public Relations
Office at 376-2605 or on the
website listed below
http://www.columbus.in.gov/police/

2016 Columbus Police Department Public Safety Citizens Academy



Every Thursday for 10 weeks: August 11th through October 13th.

Application on inside of brochure or go online and apply at

http://www.columbus.in.gov/police/

August 01, 2015 is the deadline to apply for the Academy.







Name	DOB	Soc Sec #	
Address			
Phone (Day)			
Place of Employment / Profession			
Why are you interes	ested in attending the	Citizens Academy?	
How did you le	earn / hear of the Citize	ens Academy?	
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The Citizens Public Safety Academy is a pub	lic relations service of the C	olumbus Police Department,	Bartholomew
County Sheriffs Department, Columbus Fi			-
Center. The program lasts ten weeks. Th must attend nine out of ten weeks to k		·	•
For additional Info contact Lt. Matt F	= =	= ::	
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Your signature at the bottom of this form is	, -		epartment to
conduct a Criminal Records C	Lneck on you using the infor	mation you provided above.	
Signature			